

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/09/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445435	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/07/2014
NAME OF PROVIDER OR SUPPLIER WOODBURY HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 119 WEST HIGH STREET WOODBURY, TN 37190	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 130 SS=D	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the fire barriers.</p> <p>The finding included:</p> <p>Observation on 1/7/13 at 11:28 AM revealed penetrations in the fire barrier above the cross corridor doors in B hall.</p> <p>This finding was verified by the maintenance director and acknowledged by the facility administrator during the exit interview on 1/7/13.</p>	K 130	<p>K130 SS=D 1/10/14- Deficiency corrected. Penetration in fire wall above cross corridor doors at B-Hall was repaired using Firestop C-804 non expanding caulking, which meets ASTM E814(UL1479), ASTM E119 (UL 263), ASTM E84(UL 723) AND ASTM-C834.</p> <p>Cross corridor fire wall areas will be inspected by the maintenance director at the conclusion of any subcontractor performing work that may penetrate a fire wall to ensure they properly seal any penetration within these areas.</p> <p>Fire wall areas will be inspected not less than twice per calendar year by the maintenance director for any penetrations or at the completion of any subcontract work being performed.</p> <p>Fire wall inspection reports will be placed in the Quality Assurance file for the maintenance director to report on condition of findings and any repairs made during the facility's monthly Quality Assurance meeting.</p> <p>The Maintenance Director will report findings to the Quality Assurance Performance Improvement Committee, which consists of the Administrator, Director of Nursing, Medical Director, Staff Development Coordinator, Social Services Director, MDS Coordinator, Human Resources Director, Activities Director, Admissions Coordinator, Medical Records Coordinator, Maintenance Director, and Rehabilitation Director.</p>	1/10//14.
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.